CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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RESULTS OF LABORATORY WORKERS' EXAMINATIONS

Fifty-four individuals presented themselves for examination to obtain certificates of proficiency in the various fields of laboratory work recently held in Berkeley and in Los Angeles. The percentages of failure were higher in this examination, due, in part, to the higher standards that have been established. This is particularly true in bacteriology and serology. Out of thirty-eight who were examined in bacteriology, thirteen failed. Out of thirty-three who were examined in serology, fifteen failed. The summary of results is as follows:

Bacteriology—	
Senior certificates granted	6
Junior certificates granted	19
Failed	13
Total	38
Serology—	
Senior certificates granted	11
Junior certificates granted	7
Failed	15
Total	33
Biochemistry—	
Senior certificates granted	13
Junior certificates granted	10
Failed	2
Total	25
Parasitology—	
Senior certificates granted	5
Junior certificates granted	1
Failed	7
Total	13

These examinations, sponsored by the State Board of Public Health, were under the supervision of Dr. Wilfred H. Kellogg, Chief of the Bacteriological Laboratory.

RESULTS OF PUBLIC HEALTH NURSE EXAMINATION

Thirty-six nurses took the State Board of Public Health examination, May 16th, for certificate as public health nurse. Of this number, five failed to obtain passing grades. The names of those who were successful are as follows:

Bouick, Isabelle, San Francisco.
Coxe, Dorothy E., Los Angeles.
Edmonston, Clara, San Francisco.
Ehlers, Charmian A., Los Angeles.
Ekdahl, Anna V., Santa Ana.
Fay, Yvonne, Berkeley.
Finch, Ann Luise, Hollywood.
Frug, Joyce R., Berkeley.
Gunnell, Mary Jean, Long Beach.
Holt, Helen Muriel, Los Gatos.
Howson, Ruby A., Los Angeles.
James, Helen, Berkeley.
Kahler, Betty, Ukiah.
Kidder, Carol H., Berkeley.
Knowles, Geraldine, Oakland.
Kuntze, Elizabeth E., Berkeley.
Leverich, Grace M., Oakland.
Lewis, Maizie J., Berkeley.
Nicholls, Myrtle M., San Francisco.
Parker, Esther A. T., San Francisco.
Pedersen, Bertha M., Berkeley.
Roth, Norine E., Berkeley.
Rutledge, Clarabel, Santa Ana.
Sanford, Esther G., Berkeley.
Snyder, Ida R., Pasadena.
Stott, Muriel K., Berkeley.
Togasaki, Mitsuye, Berkeley.
West, Mary E. K., Oakland.
Wheeler, Mrs. Irene, Los Angeles.
Whiteside, Louise, Los Angeles.
Yamashita, Chizu D., Oakland.

Do not follow the lines of least resistance; that is what makes rivers and men crooked. It requires self-denial to be healthy, strong and well.—Georgia's Health.

The rules of hygiene are not restrictive but liberating.

NEW YORK CARES FOR CRIPPLED CHILDREN

In a recent issue of the United States Daily, Miss H. Ida Curry, member of the New York State Commission for the Study of Crippled Children, made the following statement relative to the extensive care given to crippled children in the State of New York:

"Children have a divine right to health and happiness. While the State owes this to all children, it surely owes it tenfold to those who are crippled for they face a great handicap in life.

The number of cripples that may be found in any locality depends upon the definition of the word 'cripple' and what handicaps are included in this term. The total is also affected by a number of elements, such as any recent epidemic of infantile paralysis; tuberculosis and other infections through a local milk supply; and traffic and industrial accidents.

The New York State Department of Health began its work of caring for crippled children in 1916. Those who were mothers and fathers then were literally in fear and trembling because of the severe and mysterious epidemic of infantile paralysis which spread throughout the State. At that time the State Department of Health organized orthopedic clinics to prevent, in so far as possible, the development of deformities in those who had been stricken with the disease. Orthopedic surgeons and muscle training nurses were assembled and a series of clinics were held in different centers upstate, wherever a number of cases had occurred. An effort was made to reach all known cases.

It soon became evident that the State could not restrict its orthopedic service in these clinics, or in the field, to infantile paralysis cases. People of all ages suffering from all types of crippling difficulties, many of them badly deformed and twisted out of shape, came to the clinics asking help. The State therefore extended its service to all persons needing orthopedic advice. Only in the largest cities, we must realize, is special orthopedic service available and so the State clinics brought to the people in rural territory a service which had been difficult to secure.

Following the recommendations made by the New York State Commission for the Survey of Crippled Children in 1924, the State Department of Health, through its Division of Orthopedics, maintains a staff of one full-time and four part-time orthopedic surgeons and 15 orthopedic nurses. The State is divided into districts to each of which an orthopedist is assigned. Each nurse has for her special territory some five or six counties. Orthopedic clinics are held throughout this territory at clinic centers at stated times. For example, during the year 1930 approximately 400 clinics were held in about 170 centers at which approximately 10,000 examinations were made.

The judge of the County Children's Court, under the provisions of the State Education Law, has authority to provide for the rehabilitation of a crippled child if the parents can not afford to pay for this treatment. His order is binding on the board of supervisors for the full amount. If the State Commissioner of Health approves, State aid is given up to one-half of this cost.

The Governor's Health Commission recommended that more adequate service for the cases now under care be made available and that this service be increased until all those needing treatment are given it."

It goes without saying that nobody should have diphtheria or smallpox or typhoid fever, all three of which are specifically preventable by inoculation and vaccination. In the more common diseases of childhood as measles, whooping-cough, scarlet fever, chickenpox, mumps and German measles, the success of prevention depends upon the amount of cooperation received from the parents, the physicians and the school authorities.—H. J. Shelley, M. D.

QUESTIONS AND ANSWERS IN PUBLIC HEALTH NURSE EXAMINATION

Following are the questions and correct answers for the examination of public health nurses, held by the State Board of Public Health, May 16, 1931. The answers to questions 4 and 5 of the written portion of the examination are those given by nurses whose papers received highest grades.

Public Health Nursing Examination May 16, 1931

Mark X in column one following all statements which are *correct.*

Mark X in column two following all statements which are *incorrect.*

	Column 1 Correct	Column 2 Incorrect
1. The tuberculosis death rate has been reduced 50% in every age group during the last 20 years.		X
2. Babies should be vaccinated against smallpox during the first year of life.	X	
3. A communicable disease can usually be better controlled by closing the school where prevalent.		X
4. Trichinosis is caused by eating raw or underdone pork.	X	
5. Scabies may be transmitted by means of infected toilet seats.	X	
6. California law requires the appointment of a full-time health officer in every county.		X
7. Mild cases of quarantinable disease require as stringent precautions as to isolation and control as more virulent cases.	X	
8. A negative sputum test is conclusive in arriving at a diagnosis in pulmonary tuberculosis.		X
9. The rash in scarlet fever usually apears on the third day of illness.		X
10. Bedside nursing is an important part of public health nursing in relation to the ability of the nurse to make use of opportunities to teach health in the home.	X	
11. State aid is available to the family of a man ill with tuberculosis if he is cared for in the home.		X
12. The health officer is the proper person to head up all public health activities in a community.	X	
13. A diphtheria patient may be released from quarantine after clinical recovery, and two negative throat cultures not less than 24 hours apart.		X
14. The Klebs-Leoffler bacillus is a diagnostic sign in diphtheria.	X	
15. "Athlete's Foot" is a problem to be considered in the schools.	X	

Note: Underline or fill in correct word.

1. Neonatal is a term applied to the first week of life; first two weeks of life; first month of life.

2. Prenatal care, Intranatal care and Postnatal care should form a *continuous* service to every confinement case.

3. Of these which profits the baby most? *Prenatal care.*

4. Toxoid administration in securing diphtheria immunity requires *two* injections.

5. Toxin antitoxin requires *three* injections.

6. After a *six* months' interval the Schick test should be given.

7. If the Schick is *negative* the child is protected against *diphtheria.*

8. Dental caries may arise from poor daily care, neglected dental care, dietary deficiencies.

9. All food should be pureed, or softened, or require chewing after first 12 teeth appear.

10. Of the following foods underline the highest caloric value:

6 ozs. milk
6 ozs. strong bouillon
6 ozs. custard.

NOTE: Fill in correct word.

1. Infant mortality rate is based on death under one year in each *one thousand* live births.
2. The *Pasteur* treatment is given for rabies.
3. Protection of the *milk* and *water* supplies is essential in the control of typhoid fever.
4. Birth registration is a valuable aid to prove *citizenship* and *inheritance.*
5. The infant death rate during the first month of life is largely due to *prenatal* causes.
6. Koplik's spots are a diagnostic sign in *measles.*
7. Hutchinson's teeth are indicative of *lues.*
8. The *prophylactic* for the eyes of the new-born is furnished by the State Department of Public Health in California.
9. Disease 1. *Typhoid;* 2. *diphtheria;* and 3. *septic sore throat* may be spread by carriers.
10. Rocky Mountain Fever is more prevalent during the spring in California, and is transmitted by the bite of the *wood-ticks.*

WRITTEN

1. Name three factors which have contributed most to the lowered infant mortality rate in California.

Clean milk; well baby clinics; prenatal care.

2. What points would you emphasize in a talk to school children regarding precautions against poison oak and poison ivy?

Know plant; avoid it; wash in strong laundry soap before taking clothes off after exposure.

3. What is meant by the term "United States Birth Registration Area"?

Those states where 90 per cent of the births are found registered in list by U. S. Census Bureau.

4. State briefly the routine a public health nurse should follow when going into the room of a patient in isolation, because of a suspected communicable disease.

Enter the home. Place the bag on newspapers on the table or a chair. Locate running water or have a basin of mild antiseptic solution prepared. Open the bag. Remove the gown and put it on. Take a paper towel out. Place a hand brush on the towel. Take applicators, tongue blades and thermometer into room. Leave thermometer in the room if you are returning again to care for patient. Care for patient, if bedside care is given. Put refuse in paper bag to be burned. Soiled linen should be put into a bag or pillow slip or immersed in antiseptic solution. Instruct attendant carefully as to proper precautions for herself and other members of family.

Wash as you leave room in solution or running water and soap, using brush—remove gown—fold carefully—contaminated side in if it is to be taken away or hung outside of room. Otherwise fold with contaminated side out and hang inside of room. Wash well again and return things to bag. Be sure that family understands care and precaution.

NOTE: Answer number 5 in parallel columns—or use two pages only in discussing.

5. How does medical social service differ from public health nursing?

MEDICAL SOCIAL SERVICE	PUBLIC HEALTH NURSING
(1) Determine eligibility for care at public expense. Cases may be referred to med. soc. worker from other soc. service worker as case worker.	*(1) Refers to clinic or hospital for care at public expense. Finds cases in field and persuades patient to apply for needed care.*
(2) Assists patients to settle economic and family problems in order to enter hospital to receive proper care. Helps patient in hospital by helping settle family and business affairs.	*(2) Almost no work done in hospitals now. Prevention could be done—child welfare taught in maternity and pediatrics wards.*
(3) Follows cases after patient goes home. Helps patient make adjustments to his health and limitations. May sometimes locate contacts or sources of infection of disease.	*(3) Makes home visits and helps patients in health problems. May do much to prevent a relapse and assist in normal recovery. Sees that doctor's orders are being carried out. May also advise economically and do same type of work done by med. soc. worker in mental hygiene and general advice. Watches contacts and helps prevent communicable disease.*

FIRE PREVENTION HELPS PUBLIC HEALTH

Playgrounds and watersheds are of importance in the maintenance of the public health. Recreation in the mountains of California is of benefiit to millions of people each year. The provision of public water supplies depends to a certain extent upon the retention in the mountain soil of water that is held by the roots of trees, shrubs and other vegetation. Destruction by fire of these natural resources deprives the general public of their great benefits. It is, therefore, in the interests of the public health that every effort be exerted by public health workers to aid in the prevention of forest fires.

Following the proclamation of Governor James Rolph, Jr., calling upon the people of California to aid in fire prevention, Dr. Giles S. Porter, Director of Public Health, issued the following letter to the members of the staff of the State Department of Public Health:

June 18, 1931.

To the Members of the Departmental Staff:

This day, May 19, 1931, Governor Rolph has issued a proclamation declaring that "a genuine emergency confronts the State. The greatest drought in California history has been predicted for this year. Playgrounds and watersheds are threatened. Unless drastic steps are taken to prevent it the entire State may be afire by the middle of summer," and is dedicating every resource of the State government at his command to meet the situation. Therefore, it is the duty of each individual within the Department of Public Health to personally assist in this campaign of fire prevention. A thorough campaign of education should be waged from now until the first rains next fall.

I have every confidence that the personnel of this Department will energetically assist in the protection of our State in carrying out the wishes of the Governor.

Yours very truly,
GILES S. PORTER, M.D.,
Director of Public Health.

There can not be health without normal nutrition; and moderation, not diet fads, prolongs life.

MORBIDITY *

Diphtheria.

60 cases of diphtheria have been reported, as follows: Fresno 4, Imperial County 3, Holtville 1, Kern County 1, Los Angeles County 6, Compton 2, Glendale 4, Inglewood 1, Los Angeles 23, Pasadena 2, South Gate 2, Gardena 1, Orange County 3, Placer County 1, Chula Vista 1, San Francisco 1, Solano County 1, Ventura County 3.

Measles.

730 cases of measles have been reported, as follows: Alameda County 4, Alameda 24, Albany 7, Berkeley 49, Oakland 40, Piedmont 3, Colusa County 5, Colusa 1, Contra Costa County 1, Richmond 1, Fresno 22, Los Angeles County 14, Alhambra 1, Beverly Hills 5, Glendale 10, Huntington Park 1, Long Beach 5, Los Angeles 138, Montebello 1, Pasadena 6, San Fernando 3, Santa Monica 6, Whittier 5, Lynwood 1, Maywood 1, Bell 4, Madera 6, Monterey County 2, Carmel 1, Monterey 5, Pacific Grove 1, Salinas 2, Orange County 2, Anaheim 8, Santa Ana 3, Placentia 1, Placer County 1, Riverside County 1, Riverside 6, Sacramento 56, San Bernardino County 5, San

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* From reports received on June 15th and 16th for the week ending June 13th.

Diego County 18, Chula Vista 1, National City 16, San Diego 87, San Francisco 92, San Joaquin County 14, Stockton 4, San Luis Obispo County 4, San Luis Obispo 1, San Mateo 2, Santa Barbara County 14, Santa Maria 3, Mountain View 2, Palo Alto 2, San Jose 1, Yreka 2, Solano County 1, Vallejo 1, Sonoma County 1, Stanislaus County 2, Modesto 1, Ventura County 3.

Scarlet Fever.

96 cases of scarlet fever have been reported, as follows: Berkeley 1, Oakland 9, Oroville 5, Colusa 1, Fresno 4, Imperial County 3, Kern County 1, Bakersfield 1, Los Angeles County 9, Long Beach 7, Los Angeles 24, Monrovia 1, South Pasadena 1, South Gate 3, Maywood 3, Bell 1, Riverside County 5, San Bernardino County 1, Oceanside 1, San Diego 1, San Francisco 4, San Joaquin County 2, Manteca 1, Stockton 2, San Luis Obispo 1, Santa Barbara County 1, Watsonville 1, Vacaville 1, Fillmore 1.

Whooping Cough.

196 cases of whooping cough have been reported, as follows: Albany 2, Berkeley 7, Oakland 7, Piedmont 1, Lassen County 4, Los Angeles County 14, Alhambra 1, El Segundo 3, Glendale 8, Long Beach 3, Los Angeles 35, Pasadena 5, Santa Monica 2, South Pasadena 2, Maywood 3, Bell 1, Madera 1, Marin County 1, San Rafael 2, Carmel 2, Monterey 1, Orange County 2, Orange 2, Santa Ana 2, Riverside 2, Sacramento County 1, Sacramento 5, San Diego 10, San Francisco 20, San Joaquin County 11, Manteca 1, Stockton 7, Paso Robles 2, Lompoc 2, Santa Maria 1, Santa Clara County 2, Palo Alto 1, San Jose 4, Sierra County 5, Stanislaus County 7, Ventura County 4.

Smallpox.

17 cases of smallpox have been reported, as follows: Hanford 2, Los Angeles County 3, Los Angeles 2, Monterey County 1, Salinas 2, Santa Clara 1, Tulare County 5, Sonora 1.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Contra Costa County 1, Eldorado County 1, Los Angeles 1, Torrance 1, Madera County 1, Alturas 1, Riverside County 2, Sacramento County 1, Sacramento 1, San Francisco 3, San Joaquin County 1, Tulare County 1, Sonora 2, California** 1.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Compton 1, San Bernardino County 1, San Francisco 1, Burlingame 1, Tulare County 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: Oakland 1, San Diego 1.

Food Poisoning.

Los Angeles city reported 13 cases of food poisoning.

Malaria.

Los Angeles city reported 2 cases of malaria.

Epidemic Meningitis.

San Francisco reported 1 case of epidemic meningitis.

Septic Sore Throat.

San Francisco reported 1 case of septic sore throat.

Undulant Fever.

4 cases of undulant fever have been reported as follows: South Pasadena 1, South Gate 1, Anaheim 1, Stanislaus County 1.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending June 13 received by June 16	Week ending			Reports for week ending June 14 received by June 17
	May 23	May 30	June 6		May 24	May 31	June 7	
Actinomycosis	0	1	0	1	0	0	0	0
Anthrax	0	0	0	0	0	0	0	1
Chickenpox	384	395	346	270	301	386	323	249
Coccidioidal Granuloma	1	0	0	0	1	0	0	0
Diphtheria	80	49	58	60	58	61	60	44
Dysentery (Amoebic)	0	2	0	1	3	2	1	1
Dysentery (Bacillary)	0	0	2	4	0	2	2	0
Encephalitis (Epidemic)	0	3	1	2	1	8	1	0
Erysipelas	17	23	17	18	8	9	10	13
Food Poisoning	45	1	8	13	3	5	0	8
German Measles	5	15	9	5	9	15	19	8
Gonococcus Infection	209	123	181	153	91	93	168	108
Hookworm	0	0	0	0	1	0	0	0
Influenza	36	37	36	32	10	21	21	13
Leprosy	0	1	0	0	0	1	0	0
Malaria	0	1	1	2	2	1	1	0
Measles	1,126	1,084	958	730	2,293	2,242	2,030	1,470
Meningitis (Epidemic)	3	1	2	1	3	7	6	4
Mumps	255	279	237	156	683	629	585	458
Ophthalmia Neonatorum	2	0	0	0	0	1	0	0
Paratyphoid Fever	0	1	0	2	1	0	0	4
Pellagra	1	3	3	4	2	2	0	4
Pneumonia (Lobar)	32	19	46	30	45	98	48	43
Poliomyelitis	2	3	10	5	13	18	32	36
Rabies (Human)	1	0	0	0	0	0	0	0
Rabies (Animal)	30	27	20	23	13	11	20	19
Rocky Mt. Spotted Fever	0	0	1	0	0	1	1	0
Scarlet Fever	122	111	97	96	128	119	122	112
Smallpox	24	10	25	17	78	52	48	31
Syphilis	202	150	196	149	135	106	270	128
Tetanus	2	0	1	2	1	3	3	0
Trachoma	4	3	1	0	1	2	4	0
Trichinosis	1	0	0	0	0	2	1	0
Tuberculosis	180	203	228	222	237	264	224	177
Tularemia	0	0	0	0	0	3	2	0
Typhoid Fever	19	6	12	18	19	14	13	16
Undulant Fever	2	3	1	4	2	1	3	5
Whooping Cough	251	313	260	196	260	259	228	199
Septic Sore Throat	1	3	1	1	0	0	0	0
Totals	3,037	2,870	2,758	2,217	4,402	4,438	4,246	3,151

Generally good health conditions prevail throughout the State.

Rumors of typhoid epidemics are not based upon fact. Typhoid is not unusually prevalent.

Measles, after its high climb, is gradually receding.

There is, at present, no sign of increased prevalence in epidemic poliomyelitis.

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